

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

APPLICATION FOR GIS TRAINING

Send Completed Form To:

Missouri Department of Health and Senior Services Information Technology Services Division P.O. Box 570 Jefferson City, MO 65102

FAX: (573) 526-7645 Attention: Jeff Patridge

Please Print or Type

Course Information				
NAME OF COURSE				
DATE OF COURSE	LOCATIO	N OF COURSE		
Employee Information (please fill in all items)				
APPLICANT NAME		TITLE		
ORGANIZATIONAL UNIT				TELEPHONE NUMBER
ADDRESS			E-MAIL A	DDRESS
Do you have Arcgis - arcview software?				
YES NO Plan to Purchase – Approximate Time Frame:				
I HAVE OTHER GIS SOFTWARE – PLEASE SPECIFY:				
Approval Signatures (REQUIRED)				
IMMEDIATE SUPERVISOR				DATE
APPLICANT SIGNATURE				DATE
Enrollment			•	

YOU ARE NOT CONFIRMED FOR A CLASS UNTIL YOU ARE NOTIFIED BY GIS staff via mail, e-mail, or telephone.

GIS classes are offered at no cost for Department of Health and Senior Services employees and their contracting entities. Class size is limited. Participants will be selected in the order that applications are received in our office. If there is insufficient enrollment, we reserve the right to cancel a course. Participants will be notified if a course is canceled.

If you have any questions or if special accommodations are needed to attend a training session, please call the ITSD, GIS unit at **573/522-8330**. You may fax completed, approved forms to **(573) 526-7645**.

CANCELLATIONS MUST BE RECEIVED FIVE (5) WORKING DAYS PRIOR TO THE COURSE DATE. IF YOU ARE UNABLE TO ATTEND A CLASS, PLEASE CALL AS SOON AS POSSIBLE AT 573/522-8330.

DO NOT WRITE BELOW THIS LINE

Application has been accepted as submitted

Class not available. Please resubmit application form for another scheduled session.

Confirmation sent